ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # JUN -8 05 02338

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 18 Lot 32.03 Qualification Code
Work Site Location 220 B Center St.
Tuckerton NJ 08087
Owner in Fee Joyce O'Keefe
Address 220 B Center St
Tuckerton NJ 08087
Tel
Contractor WALTO ELECTRIC
Address 29 DAVID DR
MANAHAWKIN NJ 08050
Tel ( ) 597-0499
Contractor License
Federal Emp. No

B. ELECTRICAL CHARACTERISTICS #HOME GROUND POOL + BONDING

Use Group Present: Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RES Utility Co. OCEC
Est. Cost of Elec. Work $ 500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Walter F Kohlhepp
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
I		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 35.-
I	1 HP	Pool Permit/with UW Lights	7.-
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$ 4.-
		Minimum Fee	$ 1.-
		State Permit Surcharge Fee	$
		TOTAL FEE	$ 45.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CO [ ] CA
Date: 7/7/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench			7/7/05	
Temp. Serv				
Constr. Serv				
TCO				
Other				
Service				
Final			7/7/05	
Barrier-Free				
Temp. Cubicle Card Date Issued				
Final Cut-in Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

paid by owner

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-25-05
Date Issued
Control #
Permit # 124-05

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 18 Lot 32.03
Work Site Location 220 B Center St.
Tucker Twn NJ 08087
Owner in Fee Joyce O'Keefe
Address 220 B Center St
Tele.
Contractor Doyle Pools
Address Medford NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature Joyce O'Keefe

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL Above ground Pool 16' x 32' 4 ft Deep
Must meet all code requirements as supplied

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[X] All 5-25-05 DLB
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7-27-05
Approved by: DLB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	7-26-05		7-27-05	DLB
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq Ft
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 35

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed U
Constr. Class Present ____ Proposed ____
No. of Stories
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1500

APPROVED

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F110
(rev 3/98)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-7-07
Control #

Date Issued
Permit # 108-07

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 18 Lot 32.03 Qualification Code
Work Site Location 220 B'S Center St
Tuckerton NJ 08087
Owner in Fee Joyce O'Keefe
Address
Tel.
Contractor Self
Address Same

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6-7	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-16-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			6-14-07	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-16-07	
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Joyce O'Keefe
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Deck as per plan

DECK / ENCLOSURE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Deck or Encl
[ ] Demolition

FEE (Office Use Only)
$ 150.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6.00
TOTAL FEE $

U.C.C. F110 (rev. 07/03)

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Entered

CONSTRUCTION PERMIT

Date Issued 6-7-07
Control #
Permit # 108-07

IDENTIFICATION Block 18 Lot 32.03
Work Site Location 220 B Center St
Owner in Fee Joyce O'Keefe
Address 220 B Center St
Tuckerton NJ
Tel. (609)

Contractor SELF
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER Pool Deck

DESCRIPTION OF WORK:
Deck as per plan / ENCLOSURE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 2,000 - 3,500

Construction Official — Date 5/25/07

U.C.C. F170 (rev 3/05)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)
Building 156.00
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 6.00
Cert. of Occupancy
Other
Total 162
Check No. 1849
Cash
Collected by AEM

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-28-94
Control #
Permit # 72-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 18 Lot 3203
Work Site Location 220 B Center St
Tuckerton NJ 08087
Owner in Fee Joseph W. Capo
Address 220 B Center St
Tuckerton NJ
Tele.
Contractor
Address SAME AS OWNER
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Joseph W. Capo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 - 12X16' Shed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $: 1085

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other shed
[X] Other zoning
[ ] Demolition

(Office Use Only) FEE

	$
	25
	25

Paid [X] Check # 1683
Collected by: R. Lowery

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$ 50

U.C.C. Form F-1108

1 White – Inspector Copy
2 Canary – Office Copy
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1 - -

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-28-94
Control #
Permit # 336-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 18 Lot 3203
Work Site Location 220 B. CENTER ST
TUCKERTON NJ 08087
Owner in Fee Joseph W. Capo
Address 220 B Center St 08087
Tele
Contractor SAME AS OWNER
Address
Tele. ( )
Lic. No
Federal Emp. No. or Social Security No

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11.1.94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type.	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Joseph W Capo
SIGNATURE

D. TECHNICAL SITE DATA New Furnace

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or ~~Oil Fired~~ Appliance		
OTHER FURNACE H/A		33
	Administrative Surcharge	$
	Minimum Fee	$
	TOTAL FEE	$ 33

Paid [✓] Check # 1681
Collected by R. [illegible]

UCC Form F-140A

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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy